

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | NO.  | DATE                 |
|---------------------------|----------|------|----------------------|
| FEE DETERMINATION         |          |      |                      |
| O.I.P.E. CLASSIFIER       |          |      |                      |
| FORMALITY REVIEW          | S.H      | 1085 | 10 4-17-04<br>6/1/04 |
| RESPONSE FORMALITY REVIEW |          |      |                      |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy